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Bib Data Sheet

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 09/606,042 | FILING OR 371(c) DATE 06/29/2000 RULE | CLASS 435 | GROUP ART UNIT 1643 | ATTORNEY DOCKET NO. 50229-194 |
| APPLICANTS Kenneth B. Ain, Lexington, KY; Gopalakrishnan Venkataraman, Lexington, KY; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/140,976 06/29/1999 ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/24/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY KY | SHEETS DRAWING 7 | TOTAL CLAIMS 19 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS 20277 | | | | |
| TITLE IODINE UPTAKE RESTORATION IN THYROID CANCER | | | | |
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |